

February 2010

Cross Party Group on Pharmacy in the National Assembly for Wales – Report of the Inaugural Meeting



Report prepared by the Welsh Directorate of the Royal
Pharmaceutical Society of Great Britain on behalf of the chair of
the Cross Party Group on Pharmacy

Cross party Group on Pharmacy

Report of Inaugural Meeting

23rd February, Ty Hywel, National Assembly for Wales, Cardiff

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1. Background and Context

Pharmacy services are an integral part of the NHS and touch the lives of all of us. Almost all health conditions will require some form of pharmaceutical intervention and for most it is the common thread in NHS care. It is also clear from the rising spend of drugs in the NHS in Wales – now exceeding £700million per annum - that medication and its administration is a crucial part of health care delivery. With services provided in primary care settings, the community, hospital settings, and prisons and more specialised settings, the pharmacy family is broad and diversified but the profession is unified by one common aim: improving health in Wales.

Due to its diversity, the whole profession often faces natural difficulties in engaging with key decision makers and portraying the full extent the pharmacy network can contribute to policy development and health service improvements. The development of the Cross Party Group is a positive step in enabling AMs to bringing together key stakeholders from across the profession in Wales to listen to key pharmacy issues. It provides an opportunity for the profession to discuss common issues that cut across pharmacy from a unified standpoint and to represent the profession with one voice. It gives AMs a forum for hearing about how pharmacy services work across the care journey or pathway.

To facilitate this, a network of pharmacy organisations was invited to attend the first meeting of the Cross Party Group on Pharmacy to support the development of the group. The first meeting took place at Ty Hywel, the National Assembly for Wales, Cardiff, on 23rd February 2010 where the main principles and objectives of the group were agreed.

2. Purpose and Aims of the Group

The purpose of the group is to bring together Assembly Members and others with an interest in pharmacy and its interface with the wider health care agenda. It was agreed that the group would not be used as a vehicle for lobbying but as an arena for AMs to hear first-hand about the range of issues affecting health care delivery in Wales today from experts in the field of pharmacy.

The key aims of the group are to raise awareness amongst AMs and the Welsh Assembly Government about pharmacy issues and the development of the pharmaceutical services in Wales. Ultimately it is hoped that by engaging with AMs and bringing all key stakeholders

together, the work of the group will contribute to the policy direction and the improvement of pharmacy services across Wales.

The Group will hold focused meetings, looking specifically at topical issues related to pharmacy and its role in improving patient care in Wales. Debates will be opened by guest speakers who are active in the fields of pharmacy and who will highlight key issues of particular interest to Assembly Members and the wider health care policy debate.

The group will publish reports on key pharmacy issues as and when required to influence particular aspects of health care policy in Wales. It will also invite Ministers and key officials of the Welsh Assembly Government to attend meetings as and when required.

3. Membership and attendance

The cross party group will be chaired by Jonathan Morgan AM, as main sponsor of the group. It will be supported by Valerie Lloyd AM, Peter Black AM, Dr Dai Lloyd AM, who, as core members of the group, will be responsible for taking on the Chair in the absence of the Jonathan Morgan.

As with all cross party groups, attendance from AMs will be dependent upon their time commitments and their interest in particular aspects of the group's work. All sixty AMs will be officially invited to each meeting.

Pharmacy organisations will form the core attendees of the group, but this is intended to be flexible and evolving, and will take into account the agenda of the meeting and any requests to attend from interested parties. RPSGB will act as the Secretariat for the group and be responsible for issuing invites for attendance; RPSGB will be pleased to accept recommendations of attendance from any interested parties.

4. Topic for Discussion: Mental Health – Summary of key issues raised

Presentations on the role of pharmacy in mental health care in the community and prison environment were provided to the group (for more information see Appendix A and B). The key issues about mental health care arising from the meeting were as follows:

- Medication is a key component of care for mental health patients.

- The services pharmacists can provide for people with mental health issues across a range of settings appear to be poorly recognised nor well integrated into models of care.
- As the experts in medicines, pharmacists can play a key role in medicines adherence which can help to maintain the stability of people with mental health issues.
- Improved compliance with medication can improve outcomes for patients, help reduce admission and re-admission to hospital, and help reduce reoffending behavior of people with mental health conditions.
- Improvements are needed to support the transfer of patients with mental health issues from hospital and prison settings to the community
- Consultant pharmacists can help to bridge the gap between services, bringing expertise into community settings and supporting primary care, community pharmacists and other health professionals in delivering delivery high quality and effective health care interventions.
- Reviewing the medication needs of people with mental health issues is vital to ensure patients get the most from their medicines as well as ensuring the best use of NHS resources.
- Pharmacists should be supported to act as patient advocates in mental health
- Greater acknowledgement must be given to patient choice in medicine adherence, for some patients the side effect of drugs are prohibitive and they must be supported in this choice through close monitoring .
- There is clear potential therefore for Medicines Use Reviews (MURs) targeted at mental health patients.
- The value of pharmacy within prison settings, and at the interface with community services, needs to be supported and expanded.
- More support is needed for prison pharmacists to utilise their prescribing skills.
- delivery of mental health and substance misuse services for prisoners should be fully integrated with the planning and delivery of services for the wider community
- Investment in technology is needed to enable prison pharmacy to give computerised medical discharge notes which would aid continuity of care

Overall it was agreed that people with mental health issues should be provided with the right care and support and that pharmacy must continue to play a key role in this across all health care settings. The Chair suggested that opportunities to address the key issues raised could be included as measures under the Legislative Competency Order (LCO) relating to the provision

of Mental Health Services in Wales. It was agreed that any key issues which may contribute to the LCO would be considered and raised with Jonathan Morgan AM.

5. Next Meeting

The next meeting will be planned for the summer. Further details of the date, venue and topic for discussion will be distributed in due course.

6. Getting Involved

The Cross Party Group on Pharmacy provides an excellent opportunity to raise key pharmaceutical issues affecting patient care in Wales with AMs. It will address a wide range of issues and will require the input of a wide range of professionals and organisations. The group welcomes input from all key stakeholders and will issue specific invitations when appropriate. If you wish to get involved please make contact with the Secretariat who will be happy to discuss this further with you:

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Topic for Discussion: Mental Health

Pharmacy and mental health in the community

Wendy Davies, Principal Pharmacist Mental health Services Cardiff and Vale LHB , outlined the broad range of mental health issues that are addressed at the hospital and the types of pressures that are placed on the pharmacy department. As a pharmacist working in a psychiatric care environment, Wendy confirmed that she has the expertise to advise, monitor, change and stop medication but she stressed that this was not enough to improve outcomes for people with mental health problems.

Mental health treatment is a considerable problem for the future and will have a growing economic burden on society. The WHO states that by 2030 unipolar depressive disorder will become number 1 in the worldwide burden of disease table resulting in a growing economic burden on society as a whole. Wendy stressed the need for action to de-stigmatise mental health problems and for all appropriate professions, including pharmacy, to engage to help people get on with their lives as independently and confidently as possible.

Three key areas of concern were raised that need attention in Wales:

Adherence and safety: Ensuring ‘compliance’ or ‘adherence’ with medication regimens was highlighted as being crucial for improving outcomes for patients, ensuring the best use of resources and reducing levels of medication waste. It was stressed that pharmacists play a key role in helping people get the best from their medication and helping maintain stability for people with mental health problems. A concern was raised that there is a significant gap in services between the hospital environment and the community. As people move between hospital settings and the community their support needs increase and yet the level of support often does not meet those needs. Medication for people with mental health problems requires robust support arrangements but yet the current health care system has a tendency to let patients down when they move between care settings.

The need for better communication was stressed between the hospital sector and the community to improve care for people with mental health issues and to help reduce the

revolving door of healthcare for those individuals. Wendy called for more opportunities for pharmacists to work together across the sectors, with more support provided for community pharmacists to work with hospital pharmacists and for specialist support from hospital pharmacists to be drawn out into the community. The need to develop more pharmacist consultants was highlighted as a key role for bridging the gap between care sectors and safely supporting patients in the community.

‘Education is needed to equip community pharmacists to deal with mental health issues’

Education – Society and health professionals including Pharmacists need their confidence building to encourage them to deal with mental health patients within their current field of practice. The key to this is multidisciplinary education to equip community pharmacists with the skills to address more mental health issues in a community setting. It was stressed that opportunities need to be created for community pharmacists to work more closely with secondary care pharmacists that are specialised in dealing with mental health conditions. This would increase confidence among community pharmacists and allow them to develop a specialist or advance interest in mental health. Additionally more co ordination is needed to build better relationships with user groups and the voluntary sector which provide support to people with mental health issues in the community.

‘Pharmacists can be advocates for people with mental health issues’

Cost effectiveness – Managing mental health is a costly business and it is vital that we get the best out of NHS resources. As the experts in medicines, pharmacists are best placed to provide input and advice on the best use of medication, the most cost effective way of prescribing, monitoring the individual response to medication through regular medicines use reviews (MURs) and contributing to changes in medication or stopping medication that is having adverse or no positive effects.

There is a sound argument from a patient safety and cost effectiveness point of view to ensure pharmacists in hospital and community settings work more closely with the wider health care team.

‘When patients move between care settings opportunities should be taken to involve pharmacists in packages of care to improve patient outcomes and the cost effective use of medicines’

Wendy added that she saw the new and evolving NHS structures in Wales as opportunities to reduce silo working and to ensure resources are used much more effectively. She stressed that the challenge is for all services, including pharmacy services, to focus on patients and to keep them well or stable, within the constraints of scarce resources.

Topic for Discussion: Mental Health

Pharmacy and mental health in a prison setting

Cathryn Richards, a community pharmacist working in Her Majesty's Prison Swansea, provided an enlightening presentation about the role of the prison pharmacist.

'More than 75% of males on remand suffer from a personality disorder, with one in ten having a functional psychosis'

It was explained that remand prisoners arrive at the prison with a range of health needs, including mental health issues. More than half will suffer with depression and more than a quarter will have attempted suicide at some stage in their life. If these figures are equated to Swansea prison, it means that the number of prisoners having mental health issues runs well into the hundreds. These figures are higher again for sentenced prisoners and sadly remand prisoners account for nearly 50% of all self-inflicted deaths across the UK.

Suicide is recognised as a particular concern for the first night in prison and pharmacy contributes a tremendous amount to suicide reduction by enabling nursing staff to administer medicines via Patient Group Directions written by the Pharmacist when prisoners are admitted. As a prison pharmacist, Cathryn explained that she is able to support prisoners with a range of health problems, including mental health issues, and regularly works with the prisoners' GPs and the prison GP to ensure medication needs are fully understood and reviewed.

It was highlighted that the prison pharmacy is predominantly primary care based and delivers standards of care equivalent to the NHS. Prison health care in Wales is subject to Welsh Assembly Government standards of performance and quality indicators and it was stressed that the funding, planning and delivery of mental health and substance misuse services for prisoners should be fully integrated with the planning and delivery of services for the wider community.

While the pharmacy team in HMP Swansea is small – one full time pharmacist and one pharmacist technician – the resource is invaluable to the health care of prisoners. In addition to their traditional roles of dispensing and supplying medicines, enhanced services have been developed within the prison in a similar way to the community. Medicines Use Reviews (MURs) are carried out to ensure prisoners get the most out of their medication and counselling sessions are provided to help people comply with their medication regimens.

Compliance or adherence was highlighted as a key issue for prisoners with mental health problems. Cathryn explained that all prisoners with mental health issues will have their medication charts checked twice weekly to confirm whether medication is being collected and used. If medication is not collected within 48 hours an urgent referral will be made to the mental health team within the prison.

‘The pharmacy team work very closely with other health care colleagues inside and outside the prison to ensure the health needs of prisoners are appropriately addressed’.

The issues get ever more complicated when mental health issues are mixed with substance misuse problems. The prison pharmacy department plays a key role in detoxification and poly pharmacy is needed to support prisoners with their illicit drug and alcohol addictions. Cathryn explained that she runs a substance misuse clinic in the prison to help identify the best course of treatment for prisoners but stressed that more support is needed when prisoners are realised into the community again. It is not uncommon to see the same people returning to prison due to reoffending behaviour and a concern was raised that packages of care and other forms of support are not robust enough to reduce reoffending rates. There is a revolving door scenario in prison health care too and this is not helped by the fact that around 30% are not registered with a GP when discharged from prison. It was highlighted that registration with a GP can also prove very difficult. Ex-prisoners primary care needs are often not well supported in the community.

The prison pharmacy makes as many contacts with community based health services when prisoners are discharged to help ensure a good transition into ‘normal’ life again. For prisoners with mental health problems, these links are usually with GPs or Community

Psychiatric Nurses and are essential for transferring care. Technology has not yet arrived in prison to give computerised medical discharge notes which is a serious drawback to continuity of care.

‘The pharmacy team does the best it can to address the health care needs of their patients, who happen to be prisoners’.

Overall the prison pharmacy department is a key player in a small multidisciplinary health care team within the prison which addresses a wide range of health needs, including predominant mental health issues. The multiple interfaces between the pharmacy team and other health professionals within and outside the prison environment adds to the demanding role of the pharmacy team and improvements are needed when prisoners are discharged into the community.

NATIONAL ASSEMBLY FOR WALES

CROSS - PARTY GROUP ON PHARMACY

Meeting at 6.15pm on Tuesday 23rd February 2010, Conference Room C&D, Ty Hywel, National Assembly, Cardiff Bay

AGENDA

- 1. Welcome and Introduction**
- 2. Apologies for Absence**
- 3. Membership of the Group: (a) Assembly Members (b) External Members**
- 4. Proposed Purpose of the Group**

Draft Statement:

To bring together Assembly Members and others with an interest in pharmacy and the wider health care agenda, with the aim of raising awareness amongst AMs and the Welsh Assembly Government about pharmacy and the development of pharmacy profession, and to influence policy direction and implementation of pharmacy services.

The Group will hold focused meetings, with debates opened by guest speakers who are active in the fields of pharmacy and healthcare of interest to Assembly Members.

4. Confirmation of Appointment of Officers

Chair: Jonathan Morgan AM

Vice Chairs: Peter Black AM, Dr Dai Lloyd AM and Valerie Lloyd AM

- 5. Presentation:** *How Pharmacy can help support patients in the community with mental health issues.* Speaker: Wendy Davies, Principal Pharmacist, Whitchurch Hospital, Cardiff, and member of the Welsh Pharmacy Board
- 6. Dates of Future Meetings**
- 7. Close of Meeting**

Attendance at the Cross Party Group on Pharmacy

23rd February 2010

Jonathan Morgan AM (Chair)

Valerie Lloyd AM (Vice Chair)

David Melding AM

Wendy Davies, Whitchurch Hospital, Cardiff

Cathryn Richards, Her Majesty's Prison, Swansea

Mark Harman, Voluntary Sector representative

Paul Gimson, Royal Pharmaceutical Society of Great Britain

Jocelyn Parkes, Royal Pharmaceutical Society of Great Britain

Ross Gregory, Royal Pharmaceutical Society of Great Britain

Leigh Jeffes, Royal Pharmaceutical Society of Great Britain

Steve Simmonds, National Pharmacy Association

Nuala Brenan, Welsh Pharmacy Board

Marc Donovan, Boots

Russell Goodway, Community Pharmacy Wales

Raj Aggarwal, Community Pharmacy Wales

Marie James, Community Pharmacy Wales

Fiona Walker, Cardiff and Vale University Local Health Board

Karen May, Cardiff and Vale University Local Health Board